



STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH  
**ADMISSION CHECKLIST FOR  
CHILDREN AND YOUTH**

DATE OF ADMISSION	PREVIOUS CONTACT WITH DMH <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME
REFERRAL SOURCE		ADDRESS
		DATE OF BIRTH
		CHART NO.
		DATE FORM COMPLETED

**REASON FOR ADMISSION**

- ☐ A. Child or youth meets criteria for Serious Emotional Disturbance (SED). (Check those that apply. Note that criteria 1 through 5 must be met in order to qualify for services.)
- ☐ 1. Child or youth is under 18 years of age.
- ☐ 2. Child or youth is exhibiting substantial impairment in their ability to function at a developmentally appropriate level due to the presence of a serious psychiatric disorder and is experiencing substantial impairment in two or more of the following areas: (Check the areas that apply.)
- ☐ a. Self care including their play and leisure activities
- ☐ b. Social relationships: ability to establish or maintain satisfactory relationships with peers and adults.
- ☐ c. Self-direction: includes behavioral controls, decision-making, judgment and value systems;
- ☐ d. Family life: ability to function in a family or the equivalent of a family (for a child birth through six years, consider behavior regulation and physiological, sensory, attentional, motor or affective processing, and an ability to organize a developmentally appropriate or emotionally positive state);
- ☐ e. Learning ability;
- ☐ f. Self-expression: ability to communicate effectively with others.
- ☐ 3. Child or youth has a serious psychiatric disorder as defined in Axis I of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). An "exclusive" diagnosis of V Code, conduct disorder, mental retardation, developmental disorders, or substance abuse as determined by a Department of Mental Health, Comprehensive Psychiatric Services provider, does not qualify as a serious emotional disturbance. Children from birth through three years may qualify with an Axis I or Axis II diagnosis as defined in the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC 0-3). List diagnosis:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ 4. Child or youth is unable to function, as described, and requires mental health intervention. Further judgement of a qualified mental health professional should indicate that treatment has been or will be required longer than six months.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ 5. Child or youth requires two or more state and/or community agencies or services to address the youth's serious psychiatric disorder and improve their overall functioning. Please list needed services.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ B. Further evaluation is needed to determine criteria for SED.
- ☐ C. Juvenile Court evaluation as defined under RSMo. Chapter 211.
- ☐ D. Child court-ordered to mental health center/Department of Mental Health for evaluation or treatment.

[illegible]

DATE
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